

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Steven Miller

Mailing Address 250 N Patrick Blvd Ste 100

City

Brookfield

State

WI

Zip Code

53045-5876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beneco Of Wisconsin, Inc.

Occupation

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 10 / 2012

Transaction ID : 13421

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dennis F. Mobley

Mailing Address 137 Executive Drive, Suite D

City

Madison

State

MS

Zip Code

39110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mobley Insurance Agency, LLC

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2012

Transaction ID : 13508-P63748

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Sandra Mobley

Mailing Address 137 Executive Dr Ste D

City

Madison

State

MS

Zip Code

39110-8456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mobley Insurance Agency LLC

Occupation

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2012

Transaction ID : 13508-P63962

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00